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“No one would ever believe me”: An exploration of the impact of intimate partner violence
victimization on men

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Abstract

The aim of this study was to explore the impact of men's experiences of intimate partner violence (IPV) in a non-help-seeking sample. Utilising an anonymous online survey to encourage disclosure, men were asked how their experiences had impacted on them, what barriers they had experienced to leaving the relationship, and what their perceptions were of societal attitudes about men and IPV. Findings indicated that men's experiences impacted on their physical and mental health, the development of future relationships, and their relationships with their children. They described the impact of attitudes towards male victims of IPV as being significant and felt society did not believe men who described these experiences, often perceiving them as "weak" or in fact "abusers". These contributed towards the barriers men experience to both help-seeking and to leaving the relationship. The findings are discussed in relation to current UK policy and practice, including reference to IPV being treated as a gendered crime under a "Violence against Women and Girls" strategy (Ministry of Justice, 2018).

Key Words: intimate partner violence; male victims; control; psychological aggression; physical aggression

“No one would ever believe me”: An exploration of the impact of intimate partner violence victimization on men

Domestic abuse (or Intimate partner violence [IPV] as it is more commonly discussed within the literature) is defined as “any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality” (Crown Prosecution Service, 2017)¹. Early models have constructed IPV as a type of gendered violence. That is, “gender-based violence against women shall mean violence that is directed against a woman because she is a woman or that affects women disproportionately” (European Institute for Gender Equality, 2018). This gendered, or feminist, model holds that IPV is committed by men with a desire to control and dominate women, a type of control that is of historical and social construction (e.g. Dobash & Dobash, 1979), and that society with unequal gender empowerment and male privilege continues to be supportive of men’s violence (e.g. Pagelow, 1984). Consequently, women’s aggression is seen as largely self-defensive (e.g. Saunders, 1988), in response to their abuse, and also unlikely to cause serious harm or injury. Research framed within this model has highlighted the severity of women’s victimization (e.g. Follingstad, Rutledge, Berg, Hause & Polek, 1990), the impact of these experiences (e.g. Gleason, 1993) and the effectiveness of men’s batterer programs (e.g. Gondolf & Jones, 2001).

In contrast, alternative approaches to studying IPV have been to frame it more within a general aggression framework. Tools such as the Conflict Tactics Scale (see CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996) and working with representative, rather than clinical samples, have revealed different patterns of aggression in relationships. Specifically,

¹ Whilst the author recognises that IPV occurs in relationships regardless of gender or sexual orientation, this paper is specifically focused on IPV within opposite-sex relationships.

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there is evidence of men's victimization (e.g. Archer, 2000), women's use of controlling behavior (Bates & Graham-Kevan, 2016), bidirectional patterns of violence (e.g. Langhinrichsen-Rohling, Misra, Selwyn & Rohling, 2012), and the overlap between IPV and general aggression (e.g. Bates, Graham-Kevan & Archer, 2014).

There is now a growing body of evidence that details men's experiences of IPV. For example, Hines, Brown and Dunning (2007) found in their sample of men who called a national help-line for men experiencing IPV that all callers had experienced significant physical abuse, and this often included being kicked, punched and choked. Similarly, Drijber, Reijnders and Ceelan (2013) found the most common forms were hitting, stabbing with an object, kicking, and biting. In an anonymous survey of non-help-seeking men, Author (in press) found that men had experienced physical aggression that was often injurious, but also significant experiences of controlling behavior (also labelled emotional or psychological abuse). In this sample, the men had reported experiences of gaslighting², manipulation (e.g. through children, use of false allegations, coercion around sex and pregnancy), being isolated from friends and family, and experienced fear in their day to day lives of living with this abuse.

We know from the literature on women's experiences that IPV is impactful, in particular psychological and emotional abuse (e.g. Marshall, 1996; Straight, Harper, & Arias 2003; Walker, 1980). Yet despite some suggestions that women's violence is often trivial and not significantly impactful, this aggression has been seen to be injurious within male victimization samples; for example, Hines and Douglas (2010) found that 80% of the men in their help-seeking sample reported being injured, with 35% reporting a serious injury (e.g., a broken bone). Furthermore, IPV has been found to have long term impact on physical and

² This term comes from the 1944 film "Gaslight" where the main character manipulates his wife's environment to destabilize her and cause her to question her own memory and beliefs (Gass & Nichols, 1988) and is something previously linked with women's experiences of IPV (e.g. Guerin & de Oliveira Ortolan, 2017)

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mental health for men and women (e.g. Coker, Smith, Bethea, King & McKeown, 2000; Coker et al., 2002); IPV is a traumatic event and trauma increases risk of developing psychological disorders (Hines & Douglas, 2009). Tsui (2014) found men reported suffering physical injuries, loss of self-worth, and suicide ideation. Other studies have included associations with binge drinking (Hines & Straus, 2007) and with posttraumatic stress disorder (PTSD; e.g., Hines & Douglas, 2011). This research indicates that men suffer psychological and physical effects of IPV victimization.

Despite these findings, the status of “victim” does not seem to apply to men and women equally (Seelau, Seelau & Poorman, 2003). Many studies have examined evaluations of IPV and whether condemnation of violence between partners varies as a function of perpetrator and victim gender. Feminist models hold that the existence of strong patriarchal norms in society means we do not condemn violence against women in a domestic context (e.g. Pagelow, 1984). However, vignette and scenario-based studies have demonstrated the opposite; one early study by Harris and Cook (1994), found that college students evaluated violence against wives more negatively than violence against husbands and violence within gay male relationships. Felson and Feld (2009) analyzed a large representative sample of 810 American adults from a random telephone survey and found that participants were more likely to condemn men’s assaults on women than any other gender combinations, and they were more likely to suggest they would report this type of assault to the police.

A variety of studies have demonstrated similar findings including that IPV perpetrated against women is seen as more serious (Seelau et al., 2003), women’s violence is judged as less likely to be illegal and need intervention (Sorenson & Taylor, 2005), male victims are blamed more for their victimization (both in opposite- and same-sex relationships; Taylor & Sorenson, 2005), and men are seen as more able to injure and women more able to be injured (Seelau & Seelau, 2005). Many theories have posited theoretical explanations for these

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judgements; physically, men's typically greater size and strength in comparison to women's leads to stereotypical perceptions about aggression and injury. Indeed, the same physical action (e.g. a slap) is seen differently when performed by a man compared to a woman (Sorenson & Taylor, 2005). However, attitudes are also influenced by social constructed normative perceptions of masculinity and femininity; gender-based stereotypes dictate men are dominant, strong and aggressive which is more compatible with the role of an abuser (Gerber, 1991; Seelau et al., 2003), with women as weaker, vulnerable and in need of protection, more in line with the role of a victim. Aggressive behavior is more synonymous with men's gender roles, but men's violence towards women is not in line with chivalrous norm that requires men to protect women (Felson, 2002); indeed, men are seen to violate norms of masculinity when they are violent to women, but also when they are victims of women's aggression (Scarduzio Caryle, Harris & Savage, 2017). Women are less aggressive generally (e.g. see Archer, 2004), which could go part way to explaining why men's violence is often attributed internally, and women's externally (Scarduzio et al., 2017). Indeed, because women are expected to be less aggressive due to the nature of socially constructed gender roles (Seelau et al., 2003), judgements about women's aggression often require explanation (e.g. provocation; Author, in press; Bates, in press), and more contextual factors taken into account when judging the behavior (Sorenson & Taylor, 2005).

The personal and external reactions of men's experiences of IPV will impact on the decision to seek help, as well as the nature of the help they receive (Hine, in press). Within the wider help-seeking literature we see that men are consistently less likely to seek help than women (Addis & Mahalik, 2003). Male gender roles dictate that men are self-reliant and stoic, men who identify with these dominant masculine narratives may view help-seeking as in contrast with these values, and in conflict with the message society gives them (e.g. Vogel, Heimerdinger-Edwards, Hammer & Hubbard, 2011). Male victims face personal and social

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obstacles when it comes to IPV help-seeking, they often “mask” and avoid the problem (Tsui, 2014); and these public perceptions and stereotypes may go some way to explaining why men struggle to identify as victims of IPV which in turn influences their help-seeking behavior (Machado, Hines & Matos, 2016). The underpinning narratives of masculinity have been seen in male victims’ accounts along with the shame and embarrassment at not meeting their gender role expectations (Hogan, 2016).

There are barriers to help-seeking for all victims of IPV (e.g. Fugate, Landis, Riordan, Naurecas & Engel, 2005), and there is some overlap between men’s and women’s accounts. For example, Anderson et al. (2003) found women’s reasons for returning to an abusive relationship included a lack of money, lack of a refuge or other safe place to go, and a lack of police help. For men specifically, research has suggested reasons for not help-seeking or reporting their IPV victimization, include fear of not being taken seriously (Drijber et al. 2013), a protective or chivalrous attitude towards their partner (Entilli & Cipolleta, 2016), not perceiving services as being available (Tsui, 2014), or indeed perceiving them as being unhelpful (Machado et al., 2016). Effective service responses are often key in helping victims leave an abusive relationship (Waldrop & Resick, 2004), so it is essential that services appear available and appropriate for men. This specific barrier may indeed exist for men in the perception of the way services have or would respond; one type of IPV thought to be quite unique to men is that of legal and administrative aggression (Tilbrook, Allan & Dear, 2010), where one partner manipulates legal and other administrative systems as an abusive tactic. Indeed, this can include behaviors that reflect and use the stereotypes that exist, so women have been found to use the threat and use of false allegations, and the threat of parental alienation (Author, in press).

As Author (in press) highlighted, whilst we understand more now about male victims, there are still gaps in the literature. When we consider men’s reluctance to seek help or report

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their abuse, we are likely also facing barriers working with them in a research context. Our understanding of men's victimization so far has come from help-seeking samples (e.g. Hines et al., 2007), those self-identifying as victims of IPV (e.g. Hogan, 2016), or on interview-based methods (e.g. Nybergh, Enander & Krantz, 2015). Whilst informative, they are self-selecting; men's reluctance to identify as victims (Machado et al., 2016) and their reluctance to speak out in many contexts (e.g., Addis & Mahalik, 2003) means these studies will not be capturing the full breadth of men's experiences. The ManKind Initiative (a UK charity that supports male victims of IPV) found that 71% of their callers would not have made the call if the helpline was not anonymous (Brooks, 2018). Author (in press) highlighted this and utilised an anonymous, online survey method to try and capture this broader sample. The current study utilises the same data set.

The aim of the current study was to qualitatively explore men's experiences of IPV; specifically, with a focus of addressing the question of to what extent are men impacted by these experiences, what barriers do they experience to help-seeking and leaving, and what are the impact of societal perceptions on their experience. As discussed in Author (in press), the methodology chosen was utilised to address gaps that existed in the literature (see Author, in press for full discussion); firstly, by using an anonymous, online, qualitative survey, it was hoped that the reach in recruitment may be much broader. Secondly, this study provides a new opportunity to explore the impact of these experiences beyond mental and physical health outcome by exploring the wider impact, including that of our societal perceptions.

Method

Participants and Procedure

The participants and procedure are the same as reported in Author (in press). The methodology chosen was utilised to address gaps that existed in the literature (see Author, in press, for full discussion); by using an anonymous, online, qualitative survey, it was hoped that the reach in recruitment may be much broader. Similarly, advertisements purposefully did not include language such as “victim”, “abuse” or “domestic violence” and it was hoped that this recruitment strategy may increase the breadth of experience captured. The questionnaire was distributed online utilising social media and through organisations that are known to work with male victims of IPV. Whilst the aim was to recruit UK based men over 18 to take part, the study was shared quite widely online and so the demographic was wider than originally expected. There was a total of 161 men who completed the online questionnaire; the age range was 20 to 82 years old ($M = 44$; $SD = 10.62$). The majority of participants identified as White (77.6%) with others identifying as having a mixed ethnic background (5.6%), Asian (1.9%), Black (0.6%), Other (2%) or chose not to answer (13%). The majority identified as British (57.9%) followed by being from the US (15.1%), Australia/New Zealand (10.7%), Canada (5.7%), Europe (7.5%) or Other (3.1%) with a further number declining to respond (1.2%). Less than half the sample identified as being in a current relationship (39.8%), but over three-quarters had children (77%).

Questionnaire and analysis strategy

This study received full ethical clearance from the University ethics board. The questionnaire was developed and uploaded to Online Surveys (formerly Bristol Online Surveys). After initial demographic questions, participants were asked 24 questions about aggression and control that was experienced within this relationship; the discussion and

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analysis of this part of the questionnaire has already been reported in Author (in press).

These questions were in the majority open-ended but with two Yes/No questions.

The next part of the questionnaire began to explore the impact of these experiences (e.g. If the relationship is over, can you explain how you feel this experience has impacted on you now?), perceptions that they felt society had (and the impact of these; e.g. How do you feel people perceive experiences like the ones you've described? For example, family/friends support services wider society?), as well as experiences and barriers to help-seeking (e.g. Did you ever tell anyone about your experience? For example, family/friends, services police – if yes, can you describe what happened, how did you find the experiences of talking about it? Was there a positive outcome from doing so. If so, can you explain the reasons you chose not to? Were there specific barrier that prevented you from doing so?). At the end of the questionnaire, participants were given a full debrief and signposted to sources of support.

Thematic analysis was chosen as a useful way of identifying, analysing and reporting themes in qualitative data (Braun & Clarke, 2006); specifically, a deductive analysis was chosen with a focus on semantic themes. After reading through the transcripts several times to become familiar with the content, the data was then coded by identifying relevant parts which corresponded with each code. These codes were then transformed into potential themes by finding relevant extracts to evidence. Next, a review of the themes was undertaken, to ensure they related to the data and represented it well. Finally, extracts were chosen to represent themes to be used in reporting the research.

Results and Discussion

The data was analysed thematically (Braun & Clarke, 2006), and was broadly separated into “impact”, “perceptions” and “help-seeking experiences”³. Each theme will be discussed alongside the sub-themes that were chosen and supported with participant quotes.

Main Theme 1: Impact of experience

This master theme reflected the men’s accounts of the impact of these victimization experiences. This was seen within three sub-themes: Physical and mental health outcomes, impact on future relationships, and impact on relationships with their children.

Sub-theme 1a: Physical and mental health outcomes. For proponents of the gendered model of IPV, there is a perception that women’s aggression is not impactful in a meaningful physical or psychological way. This was not the case for the men in this sample; there were descriptions of injuries in many men’s accounts:

“Left me with vision loss in one eye (No treatment or cure), Symptoms of Brain injuries and PTSD/TBI [traumatic brain injury]” (P114)

Whilst there were descriptions of injuries and physical scars, the much more impactful effects seem to be those that impacted on mental health and well-being:

“I tried to kill myself...I ate all the sleeping pills I could find, drank a bit, and was happy that it was over. I woke up next to her, it was the worst moment in my life, I was still in hell” (P141)

For many of the men in the sample, they were reflecting on relationships that had been over for a number of years; their comments as to how long lasting the impact is, is a testament to how damaging this abuse can be, perhaps more so for mental rather than physical health outcomes.

³ Author (in press) gives a full description of this sample’s experiences of aggression and control.

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“It is over and has been for 18 years but I live it as if it happens everyday due to my PTSD...I am disabled by my mental illnesses now and I am housebound. It destroyed my life and robbed me of a future. That is how it impacted me, I fear.” (P8)

Author (in press) describes the extensive experiences of control that this sample experienced, including isolation through the manipulation of relationships. This was another factor that had a long-lasting impact:

“I feel alone. I have little to no friends left” (P75)

The literature that there is on men’s experiences of IPV had detailed the impact of their experiences on physical and mental health. This included injuries (Tsui, 2014; Hines & Douglas, 2010) but also longer-term impacts on health (e.g. Coker et al., 2002), including PTSD (Hines & Douglas, 2011). By utilising a sample that were not representing a majority help-seeking sample in the current study, it has expanded our understanding. Some men are experiencing similar symptoms and issues to those in help-seeking samples (e.g. Hines et al., 2007), and yet they are often coping alone, or without formal support. What was apparent in these narratives was the sustained period of time these men had experienced this over; for some men, their experiences had left them isolated, lonely and scarred, both physically and mentally. IPV presents a wide range of abusive behaviors that can “terrorize” (Shepard & Campbell 1992), indicating that beyond the physicality of impact, the undermining of a person’s sense of self, and self-esteem, can also significantly impact on health (Marshall, 1996).

Sub-theme 1b: Impact on future relationships. The impact described went beyond their own health and was also impacting on other relationships, including for some men preventing them getting into a new relationship:

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“I feel as if I can never trust anybody again and will be alone for the rest of my life. I am really lonely and feel very down. But I can't let anybody in for various reasons.”

(P2)

“Honestly? I have not had a serious relationship with a girl since. I cannot go "all in" with a partner again.” (P38)

For some men, there were still feelings for their abusive partner that stopped them moving on and starting a new relationship:

“I stayed single and lonely for a long while. I felt lost and remained in love with her continuing to attempt to show support by supporting her decision to marry and for me to keep away.” (P144)

Where some men had begun dating again, their previous experience impacted on their new relationship:

“I have started dating again now and I'm still a bit jumpy around my new girlfriend when she goes to hug me or hold my face I think she's going to hit me but thankfully she understands” (P44)

The impact of experience exists beyond physical and mental health outcomes, with these behaviors impacting on the development of future intimate relationships. The way many men felt from having had previous relationships with family and friends manipulated, further exacerbates feelings of loneliness and isolation. This is particularly impactful when we consider trying to intervene and mediate the adverse health outcomes of IPV; social support has been linked to posttraumatic growth (Prati & Pietrantonio, 2009), and it has further been found to mediate the relationship between childhood trauma and current psychological adjustment (Runtz & Schallow, 1997). Specifically, emotional and social support has been found to mediate the health impacts of IPV and reduce some of the mental and physical health consequences, as well as reduce the risk of anxiety, depression and PTSD symptoms

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(e.g., Coker, Watkins, Smith & Brandt, 2003). Indeed, women with less social support were found to experience lower self-esteem and more severe depressive symptoms (Mitchell & Hodson, 1983). With the emotional support that often comes with stronger social connections and networks, it is likely men will prolong their adverse outcomes (through fear) by not engaging with new relationships. This fear or caution in doing so is unsurprising considering the nature of the psychological and emotional abuse experienced; women have been found to experience barriers in seeking support by a variety of factors including “a pattern of caution in relating to others or forging new relationships” (Rose, Campbell & Kub, 2000; p.27). This points to specifically trying to address this issue when services provide help and support with male victim of IPV; it is likely that coupled with barriers to help-seeking more generally, that men may find it even more challenging to overcome these issues.

Sub-theme 1c: Impact around relationships with children. The abusive experiences did not just impact on the men and their own health, but also on the relationships they have with their children. For a significant number of men in the sample there were experiences of separation and parental alienation:

“4 years after I am struggling to have a relationship with the children due to parental alienation.” (P40)

For some this seemed to be the worst impact they had to try and deal with:

“The whole experience of frequent separation from my daughter and being cynically and clinically alienated from her for almost two years was worse than any bereavement or loss I have experienced before or since.” (P33)

The impact of separation has been seen to impact on children’s behavioral and emotional issues (Stadelmann & Perren, Groeben, & von Klitzing, 2010), and this impact can often

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continue into adulthood and future relationships for these children (Baker, 2005). These experiences of separation can also be seen as an outcome of legal and administrative aggression; the use of false allegations and manipulation of family court systems, can leave the father (and the mother in reverse cases) without contact which detrimentally impacts on relationships with his children. Parental Alienation Syndrome, a term coined by Gardner (1987), is described as a form of emotional abuse that can have a detrimental and destructive impact on the bond between the child and the target parent (Gardner, 1999). This was something seen with these men's accounts and was often described as the most upsetting aspect of their abusive experiences.

Main Theme 2: Societal perceptions of their experiences

This master theme reflected the men's accounts of how they felt society perceived their victimization experiences. This was seen within four sub-themes: Perception of weakness, perceptions of men as abusers, perceptions of the term "victim", and the impact of these perceptions.

Sub-theme 2a: Perceptions of weakness. Whether through experiencing these directly, or through an anticipated reaction, some men felt their abusive experiences were perceived as a weakness and it seemed to directly impact on how they constructed themselves as men:

"I am not believed and people look at me as if I am pathetic and not a real man for allowing it to happen to me" (P2)

"They'd think I was stupid for putting up with it. They'd think I was weak, physically and mentally." (P72)

Much research has explored the impact of masculinity, and social constructions of masculine gender roles, on men's behavior including their crime reporting and help-seeking. We know

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that the status of “victim” does not seem to apply to men and women equally (Seelau et al., 2003), and the impact of this is likely to affect help-seeking decisions (Hine, in press), specifically when help-seeking is so in contrast with the message men are given about what it means to be a “man” or “male” (e.g., Vogel et al., 2011). The message constructed for men and their gender roles are to be emotionally self-reliant, stoic and powerful, which likely means avoiding behavior that makes them seem to not live up to these expectations. This can lead to men avoiding the problem (Tsui, 2014) and feeling shame and embarrassment (Hogan, 2016). There is a need to try and change this dominant narrative about gender roles in order to start to address men’s barriers to help-seeking.

Sub-theme 2b: Perception of men as abusers. Many men commented that perceptions of their experiences are either not taken seriously or not believed; for some it was a reflection of the fact society constructs them as abusers, rather than victims, because they are men:

“I believe wider society feels that it [his experience] is highly improbable for this to occur. I'm bigger and stronger than my ex-wife and was a policeman so it just didn't make sense” (P57)

“In larger groups it is assumed that I was the abuser and no one ever tries to look further than my exterior for answers as I am 6'3 and very large.” (P8)

There was also a perception about the role the media had to play in this:

“The media constantly runs stories of men being violent and showing where they have been the aggressor in DV. However, conversely where women have been the aggressor it is made out that the woman was forced to acting like that and/or made out to be comical. The belief that women cannot be as violent as a men is widespread throughout our society” (P28)

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“Any number of tv shows still use henpecking and aggressive females as a source of "comedy.”” (P139)

We know from the attitudes literature base that we not only judge women’s IPV less harshly (e.g., Sorenson & Taylor, 2005), but we seek to try and explain it more (Bates, in press).

Women’s aggression is often attributed more externally (Scarduzio et al., 2017), due to their more general reluctance to engage in aggressive behavior (e.g., Archer, 2004), and so judgements about women’s aggression often require explanation (e.g. provocation; Author, in press), with more contextual factors taken into account (Sorenson & Taylor, 2005). This often leads to men being seen as, or assumed to be, perpetrators; McCarrick Davis-McCabe and Hirst-Winthrop (2016) found this theme of “victims cast as perpetrators” within the accounts of men interviewed. These men described this relating to experiences within the Criminal Justice System and wider society which created a cycle where their partners would capitalise on these gendered stereotypes and use them as a tactic of their abuse.

Sub-theme 2c: Perceptions of the term “victim”. The men described a variety of responses to the use of the word “victim” when describing their experience. Some men agreed and recognised they were, but for others they did not like the term:

“I do feel like she is a victimizer in many ways, but wouldn't like labeling myself as a victim” (P1)

Whilst some were reluctant to accept the label of victim through the contrast it presented with the social construction of men and masculinity, others were reluctant because they blame themselves in some way for their experiences:

“I do not like to consider myself a victim. I also still believe in my partial responsibility as I allowed all this to happen. As my solicitor said "well, you married her". I believe my behaviour and attitudes invited some of my experiences” (P10)

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“Personally I hate it [the term victim] especially in this instance as I am partly to blame. I should have bailed on the relationship much earlier than I did. Still not sure why I didn't.” (P11)

Other men commented they preferred the term survivor:

“Survivor would be more apt... Involves a sense of moving on...” (P134)

There has been discussion in the literature about the appropriateness of the language used around terms such as “victim” and “survivor”. For example for some the perception is that “survivor” carries connotations of being stronger and more stable (Papendick & Bohner, 2017), whereas for others it represents a shift connected with separation or divorce (Riessman, 2010). However, for some who have experienced abuse and violence, the term “survivor” often does not represent what they psychologically feel in the aftermath of their experience (Anderson & Gold, 1994). For men, this use of this language here seemed in particularly stark contrast with the masculine gender norms that they identified with. Masculine gender norms create a narrative that includes words such as strong, self-reliant and stoic; their dislike of words that draw connotations of vulnerability and weakness are likely to create shame and embarrassment as has been seen in previous male victims’ accounts (Hogan, 2016).

Sub-theme 2d: Impact of these perceptions. These societal perceptions had significant impacts on some of the men in the sample, including on their mental health and well-being:

“Depression, no one can understand.” (P5)

“Low self-esteem. Depression and anxiety.” (P12)

They further felt the impact of these perceptions through the response of others; this was the case when they had disclosed to people:

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“I have been told several times "You married her" as though her abuse of me was somehow a choice” (P75)

The impact of these perceptions also served to inhibit disclosing abuse:

“I used to be embarrassed to mention it to people for fear of them thinking that I must have hit her first to have her hit me, I also knew that people would sneer at me for letting myself be abused.” (P32)

The other sub-themes within this broader master theme describe how perceptions can cast victims as perpetrators, lead men to feel weak, and lead them to challenge labels such as victims. What is seen within this specific sub-theme is that it further exacerbates the impact of their abuse victimization. We know from the extant literature that men are blamed more for their victimization than women are (Stewart & Maddren, 1997), and that there are specific victim blaming issues relates to IPV, for example victims are blamed more if they stay with, or return to the abuser (Yamawaki, Ochoa-Shipp, Pulsipher, Harlos & Swindler, 2012), or if they do not meet the criteria of what is constructed as an ideal victim (Meyer, 2016). If the cause of IPV is attributed to the victim, they are then more likely to be trivialised and less likely to be deserving of help or assistance (Gracia, (2014); if this is perceived by a victim then it indicates a lack of sympathy that will create a psychological distance between them and the observer (e.g., service provider, police, GP; Kogut, 2011). Male victims are likely to be more vulnerable to this perception and they fear services are not appropriate/available (Tsui, 2014); the public perceptions that exists of IPV shape societal and individual level responses that can perpetuate its occurrence (Gracia, 2014) and have adverse outcomes on victims.

Master theme 3: Experiences of help-seeking and leaving the relationship

This master theme reflected the experiences men did have of both help-seeking and of leaving the relationship. This was seen within three sub-themes: Responses from friends and family, further victimization from services, and obstacles to leaving.

Sub-theme 3a: Responses from Friends and Family. Whilst there were a significant number of men who had never reported their experiences, or sought formal help, there were some who had confided in friends and family. For some these experiences were supportive:

“I only told family and friends, whom have seen the events in person. They understood completely. I gotten their support during it all.” (P76)

However, for others, their experiences were not as positive:

“I told friends, they laughed. I told a friend’s brother he was a cop, and they both joked saying "man up"” (P108)

Some men did not tell anyone for fear of their response or again through perceptions around masculinity and social roles:

“No one would ever believe me. My wife was a quiet soul and I was the gregarious and loud one” (P87)

“I told my grandfather a few years after, and he asked why I never told him. I was brought up to treat women better than I would treat a man. To never hit them, and be nice because they are more sensitive. I thought that it was something a man had to deal with when it came to women.” (P105)

Friends and family are often the preferred choice of confidant and help-seeking option more generally (e.g., Oliver, Pearson, Coe & Gunnell, 2005; Chabot, Tracy, Manning & Poisson, 2009) and for IPV related support specifically (Bates & Graham-Kevan, 2016). This fact makes the reactions of friends and family particularly important, and could indeed be key to

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whether men and women then go on to seek more formal sources of help. For battered women, friends are seen as a source of support only if she herself perceives herself as deserving of help and comfortable in confiding in them (Rose et al., 2000), whether a battered woman viewed friends as sources of support was related to whether she perceived herself as comfortable with others and worthy of help. For men this is likely to be even more pronounced as they experience similar experiences of shame and embarrassment as women, but with an additional barrier and stigma of being a male victim. These feelings can be mediated by this informal help; Tsui (2014) found the majority of victims preferred seeking help from informal networks and that feelings of shame and embarrassment were felt but mediated by a supportive attitude of the informal network. The attitudes of friends and family are likely influenced by wider societal perceptions; Bates, Kaye, Pennington and Hamlin (2018) found that perceptions of men as strong and women as weak were evident at an implicit and unconscious level indicating that raising awareness at a superficial level is not enough to reduce the impact.

Sub-theme 3b: Further victimization from services. Unfortunately, for those who did seek help from services and more formal sources, the response often led to some men feeling more victimised. For some services there was the accusation that they deserved the abuse:

“I reported her to the Police on one occasion and was asked what I had done to deserve the beating, I told them I had done nothing at all, to which they told me that was unlikely and it was probably something I had done or said.” (P32)

“I called a DV helpline and was told I was to blame!” (P7)

For others, they had not been believed, mocked or laughed at:

“...the police, they laughed.” (P15)

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“Police didn’t seem to believe me, as I’m ‘a big lad’” (P127)

“I was transferred to a bigger hospital after my first week of stabbing recovery.

Straight back into the ICU. A young doctor ask me as they wheeled me in "So tell me, did you deserve it or is she just a crazy bitch?" (P52)

It is important to note that whilst many had received quite negative reactions and responses from services, this was not the case for all men:

“The Police were sympathetic, contrary to many reports I have heard.” (P10)

“The pc's were young and had clearly received training. They knew something was wrong and said so but she would not hear of any help and became angry and aggressive if it was even suggested.” (P33)

The decision to seek help is often not easy for any victim of IPV; but men are often met with suspicion or not believed when trying to seek help from an abusive female partner (Dutton & White, 2013). If services do not respond in a positive and supportive way it is likely to prevent any victim from seeking help in the future. Police officers specifically have been found to blame male victims more than female victims; they hold gender stereotypes that influence the way they respond to IPV related situations (Stewart & Maddren, 1997). The mixed responses that stem from both problematic and progressive views (DeJong, Burgess-Proctor & Elis, 2008) could be seen to contribute to what has been called a “bidirectional” lack of trust with police (Tsui 2014). Dutton and White (2013) describe the influence of gendered stereotypes in the criminal justice system (specifically referring to custody assessors in the US) as a “...a blueprint for a witch hunt” (p13).

Sub-theme 3c: Obstacles to leaving. For the men who were parents, their children were the main reason they chose not to seek help, or leave the relationship.

“I have not left for our child’s sake. As I feared for her safety” (P85)

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“I was scared to leave because I did not want to leave my son alone with her and she threatened to keep him from me and I worried the courts might enable that.” (P89)

For other men, this was specifically linked to a fear of false allegations and not being able to see their children:

“The constant threats of never seeing my children again and not having anywhere to go made me stay longer than I should have” (P10)

“She told me she would report me for child abuse and I'd lose my daughter.” (P112)

For others, there was a strong commitment to the relationship, and either a perception about the duty of marriage, or through still having feelings for her:

“We were married in a church, so that is forever. I was always brought up to believe once you commit to someone or something that's it.” (p41)

“Like a fool I'm still in love with her” (P43)

For some men, there was a perception that their experience was less serious because they lacked injuries:

“I thought it was a normal part of life, and I didn't suffer any physical injuries.”(P139)

For others, it seemed the abuse had impacted on their sense of self-esteem and value, meaning they felt they could not leave:

“Embarrassed. Didn't think anyone would believe me. Was made to truly believe I was unloveable and lucky to have her.” (P149)

Men and women seeking to leave an abusive relationship will experience barriers; Grigsby and Hartman (1997) describe a model where they identify: barriers in environment (e.g., abuser convincing them they would not be believed, police and CJS), barriers from family socialisation (e.g. role expectations, identity through isolation, family values) and barriers from psychological consequences of violence. The model refers specifically to battered

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women, but could also apply to men trying to leave an abusive relationship; a lack of provision, societal stereotypes, and their gender role expectations are likely to exacerbate this further. Other barriers include not wanting to end the relationship because of still experiencing feelings towards their partner; indeed, previous research has indicated that women's reasons for not seeking help including did not want to end relationship because they still loved their abusive partner (Fugate et al., 2005). Victims are often blamed when they return to abusive partners (Yamawaki, et al., 2012); indeed, whilst perpetrators are often blamed more for the cause of IPV, both parties are assigned solution responsibility and victims are expected to take self-protective action (Taylor & Sorenson, 2005). Again, the gender roles that exist for men around being self-reliant are likely to exacerbate these issues for this population.

Implications of the findings

The aim of this study was to explore the impact of IPV on male victims; specifically, to understand their outcomes, as well as the impact of societal perceptions on their experiences. The findings were organised under three master themes of impact of experience, societal perceptions, and barriers to help-seeking or leaving the abusive relationship. Some of the findings were in line with previous research that has explored men's experiences; for example: research indicating that they experience physical injuries (e.g., Hines & Douglas, 2010), mental and physical health outcomes (e.g., Coker et al., 2002), that it impacts on relationships with children (e.g., Author, in press), that they experienced barriers to help-seeking (e.g., through the impact of masculine gender roles; Author, in press) and that they are impacted by inappropriate service responses (e.g., Tsui, 2014). These findings have often been reflected in either help-seeking samples, or those where participants identify as victims of IPV. The use of anonymous online survey and a sample that was not made up of solely

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help-seekers has helped evidence that these issues are experienced by the wider group of men who experience violence and control from their female partners. However, for these men, they are often not in contact with services and have in some cases (25.6%) not confided in anyone about their experience; this leaves them coping alone with quite adverse outcomes.

The findings of the current study also contributed new understandings. One such finding involves the impact of IPV experiences on future relationships (both intimate relationships, as well as family and friends). IPV is known to adversely affect health outcomes, as well as impacting on perceptions of self, and well-being, but previous literature has not explored the impact these experiences have on future relationships. Considering the importance of social and emotional support in recovering from IPV victimization (e.g., Coker et al., 2003), it is concerning that many men in the current study were actively avoiding forging new relationships through fear, a lack of trust, and because they were still dealing with the aftermath of their abuse.

A second novel finding related to the impact of societal perceptions on men experiencing IPV. There is a wealth of literature that details the differing perceptions of men's and women's aggression, specifically the finding that women's aggression is judged less harshly, and male victims are blamed more (e.g., Sorenson & Taylor, 2005). No other study has explored the impact of these perceptions on men who have experience IPV; the findings of the current study highlighted that these attitudes and perceptions contributed towards men feeling they were labelled as "weak", seen as the abuser, and the impact these had on them including how they influenced help-seeking behavior. Related to this finding, the current study also explored specifically how men felt about the use of the term "victim". Whilst other studies have suggested that men are uncomfortable with the term (e.g., Donovan & Hester, 2010), due to the way it conflicts with traditional gender roles around masculinity, few studies have explored the impact of this term in a sample of men who have experienced

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IPV. The men in this sample provided some confirmation for assertions they would be uncomfortable due to it conflicting with their gender role, but others were more comfortable with the term. For some they felt more comfortable labelling their partners as being “abusive” or “abusers” than they did themselves victims; this highlights a possible shift in attitude that is more accepting of men as victims, but also recognising women’s behavior as being “abusive”. Some social stereotypes see women’s aggression and control as innocuous and trivial, but these accounts indicate this is not the case.

The implications of these findings are significant for practice for several reasons. Firstly, the suggestion that men are not impacted by IPV, or that women’s violence and abuse is trivial are not seen within this sample. The men describe significant mental and physical health outcomes, as well as barriers to help-seeking, perceptions of society and services that adversely affected them, and feeling further victimised by service responses. IPV is a traumatic experience, it leaves all victims vulnerable and often in need of help and support. Secondly, whilst many of the issues discussed are also faced by women who are victims of IPV, there seem to be unique issues that men face, which coupled with a lack of service provision leaves them even more vulnerable.

One such barrier men face lies in the socially constructed gender norms that exist that dictate men should be powerful, self-reliant and emotionally controlled. Whilst this has often been discussed in how this has impacted on women, it also compounds many issues victims face in overcoming their IPV experiences. Men who score higher in ideology that is related to traditional masculinity have more negative attitudes towards help-seeking (Berger, Levant, McMillan, Kellecher & Sellers, 2005), and indeed men are often reluctant to ask for help (including be seen to be asking for help) because it presents challenges to how society construct masculinity. O’Brien, Hunt and Hart (2005) describe a “hierarchy of threats to masculinity” (p514), and whilst specifically referring to health help-seeking here, it points to

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there being some behavior which is particularly in violation of these norms. IPV experienced from a female partner could be such a behavior. This need to be in control and self-reliant, private and emotionally controlled which can lead to minimisation of problems (e.g., Mansfield, Addis & Courtenay, 2005).

In terms of implications for policy, further barriers exist in men not recognising themselves as victims, or as experiencing IPV; criminal justice policies can affect attitudes as well as responses from those working in services which can lead to bias and indirect victim blaming. In the UK, domestic abuse as a criminal offence is defined using gender neutral terminology, but it is positioned under the Violence against Women and Girls strategy (Ministry of Justice, 2018) alongside the justification “we know that a disproportionate number of victims are women, especially in the most severe cases. This is why the government’s approach to domestic abuse is framed within the Violence Against Women and Girls strategy, which has proved effective”. If IPV is framed in this way then it will affect both the perceptions of the general public, service providers, but also men who experience IPV from a male or female partner. It wrongly implies that IPV is a gendered issue, and further exacerbates the social stereotypes that exist that perpetuate the notion women’s violence is not important, and male victims are not in need of services or intervention. Due to the current framing of IPV within the UK, victim’s services continue to have a strong feminist influence which inevitably means the majority of the financial investment goes to funding services that support female victims. This creates a system where victim services appear to be gendered and only available or appropriate for women, which further reinforces societal stereotypes about the nature of IPV. There is a need to policy and funding to reflect men’s needs as victims (Bates, Graham-Kevan, Bolam & Thornton, 2017), as current practice undoubtedly leaves some men without help and support.

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This study is not without limitations. As described in Author (in press), the sample captured is overall Western; sex differences in IPV are known to vary across culture with those cultures that have higher gender empowerment also seeing higher rates of women's violence (e.g., Archer, 2006). Furthermore, the method utilised was an attempt to capture a broader range of experience than those previously that have utilised a purely help-seeking sample (e.g., Hines et al., 2007) or those self-identifying as IPV victims (e.g., Hogan, 2016), but the sample is still likely to be self-selecting to some extent. Finally, there is data missing about validity criteria and coder agreement for this study, due to the single author paper and lack of any further coders within the analysis. Despite this, it represents a strong contribution to the field and our understanding of men's experience of IPV in reference to how impactful it is, the impact of societal perceptions, and the barriers these men face in seeking help and support.

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